

South Carolina Department of Social Services
IV-E ANNUAL REVIEW AND CHANGE REPORT

County Office: _____

I. Identifying Information

Child's Name: _____ Birthdate: _____

Social Security No.: _____ CAPSS Person No.: _____

Grade in School: _____ Expected Date of Graduation: (If 17 or older) _____

II. Placement

Type of Facility: ☐ FH ☐ GH ☐ RTF ☐ CCI ☐ Relative Home ☐ Other: _____

Name and Address of Facility: _____

III. Information Regarding Child and Family at Time of Review

1. Does child receive any of the following income? ☐ Yes ☐ No (If yes, enter amount)

SSI: _____ Social Security: _____ Child Support: _____ Other: _____

2. Does child have a DSS client account? ☐ Yes ☐ No

Balance: _____, as of _____ (date)

3. Are child's parents living together at the time of review? ☐ Yes ☐ No

4. Is either parent disabled? ☐ Yes ☐ No Name: _____

5. Is either parent working? ☐ Yes ☐ No

6. Has either parent died? ☐ Yes ☐ No Name: _____ Date of Death: _____

IV. Court Information

Permanency Planning order or TPR order attached? ☐ Yes ☐ No

If no, date of scheduled hearing: _____

V. Changes

Signature of Worker: _____

Signature of Supervisor: _____

Distribution: Case record and IV-E Unit

Mail To: Division of Human Services/IV-E Unit, State Office/Room 204, Columbia, SC